Only

PAGE 1 / 24

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Bluepac - Blue Cross Blue Shield Association Pac 1310 G Street NW ADDRESS (number and street) (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS christina.fisher@bcbsa.com (Check if address is changed) Optional Second E-Mail Address jennifer.towey@bcbsa.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00194746 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Fisher, Christina, , , Type or Print Name of Treasurer Fisher, Christina,,, [Electronically Filed] 04 13 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| FEC FC | orm 1 (Revised 02/2009) | Page 2 |
|-----------------------------|---|---------------------------|
| | COMMITTEE e Committee: | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) | nplete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | nmittee: (National, State | (Democratic, |
| (d) | This committee is a or subordinate) committee of the | Republican, etc.) Party. |
| Political A | Action Committee (PAC): | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | egregated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| Con | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4 | | |

| FEC Form 1 (Revised | I 02/2009) | Page 3 |
|---|---|------------------------|
| Write or Type Committee Nam | ne | |
| Bluepac - Blue | Cross Blue Shield Association Pac | |
| 6. Name of Any Connected | Organization, Affiliated Committee, Joint Fundraising Representative, or Leade | rship PAC Sponsor |
| Blue Cross Blue Shie | eld Association | |
| | | |
| Mailing Address | 1310 G Street NW | |
| Mailing Address | | |
| | Washington DC 20005 | |
| | CITY STATE | ZIP CODE |
| Relationship: x Connecte | ed Organization Affiliated Committee Joint Fundraising Representative L | eadership PAC Sponsor. |
| . Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the person in p | ossession of committee |
| | Christina, , , | |
| Full Name | | |
| Mailing Address | 225 N. Michigan Avenue | |
| | | |
| | Chicago IL 60601 | |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | | 297 5760 |
| Treasurer: List the name ar any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | name and address of |
| Full Name Fisher, Ch | :hristina, , , | |
| Mailing Address | 225 N. Michigan Avenue | |
| | | |
| | Chicago | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Tolophono numbor | 297 5760 |

| FEC Form 1 (Rev | rised 02/2009) | | Page 4 |
|--|----------------------|-----------------------------------|-----------------------|
| | | | |
| Full Name of Designated Agent Breskir | n, Bill, , , | | |
| Mailing Address | 1310 G Street NW | | |
| | Washington | DC 2000 STATE | 05 ZIP CODE |
| Title or Position Assistant Treasurer | | elephone number 202 - | . 626 - 4795 |
| safety deposit boxes or n Name of Bank, Depositor | | 1 the committee deposits funds, h | holds accounts, rents |
| Mailing Address | 135 S LaSalle Street | | |
| | Chicago | IL 6060 |)3 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depositor | ry, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This is being amended to appoint a new treasurer and to update the committee's email addresses

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| Banks or Other Depositors afety deposit boxes or many Name of Bank, Depository, etc. Mailing Address | | aks or other depositories in v | | | holds accounts, rents |
|---|-----------------|---|------------------------|------------|-----------------------|
| Banks or Other Depositor safety deposit boxes or management of Bank, | | aks or other depositories in v | | | holds accounts, rents |
| Banks or Other Depositorsafety deposit boxes or management | | aks or other depositories in v | | | holds accounts, rents |
| TITLE OR POSITION | | | Telephone Numbe | | |
| TITLE OR POSITION | | | Telephone Numbe | , , , - | 1 1 1 |
| | ▼ | CITY A | STATE | | ZIP CODE ▲ |
| | | | | . . | 1_1 |
| Mailing Address | | | | | |
| Full Name | | | | | |
| | - ' | Affiliated Committee ess (phone number – option | Joint Fundraising Repr | esentative | Leadership PAC Spon |
| Relationship: | d Owner-instinu | CITY A | | TE A | ZIP CODE ▲ |
| D.J. ii | Chattanooga | | | 7N 374 | |
| | | | | | |
| Mailing Address | 1 Cameron H | ill Circle | 1 1 1 1 1 1 1 | 1 1 1 1 1 | |
| | | | | | |
| • | | Affiliated Committee, Joint I | • . | | |
| 4 | | | FEC ID num | nber C | |
| | | | FEC ID num | | |
| 3 | | | FEC ID num | | |
| 2 | | | _ | | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| TITLE OR POSITION Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc. Mailing Address | ries: List all banks o | or other depositories in w | Telephone Number | | holds accounts, rents |
|--|------------------------|----------------------------|-----------------------|--------------|-----------------------|
| Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc. | ries: List all banks o | or other depositories in w | | | holds accounts, rents |
| Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc. | ries: List all banks o | or other depositories in w | | | holds accounts, rents |
| Banks or Other Deposito safety deposit boxes or ma | ries: List all banks o | or other depositories in w | | | holds accounts, rents |
| Banks or Other Deposito | ries: List all banks o | or other depositories in w | | | holds accounts, rents |
| | | | | | |
| TITLE OR POSITION | | | Telephone Number | er LIII- | |
| TITLE OR POSITION | | | | | |
| | ▼ | CITY A | STAT | E 🛦 | ZIP CODE ▲ |
| | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| Full Name | | | | | |
| Designated Agent: Identify | y by name, address | (phone number – optiona | al) | | |
| Connected | d Organization | Affiliated Committee | Joint Fundraising Rep | presentative | Leadership PAC Spo |
| Relationship: | | CITY A | ST/ | ATE A | ZIP CODE ▲ |
| | BATON ROUGE | | | LA 708 | 309 |
| Mailing Address | | | | | |
| Mailing Address | 5525 REITZ AVEN | NUE | | | |
| | | | | | |
| Name of Any Connected LOUISIANA HEALTH | = | | = - | | |
| | | | | | |
| 4. | | | FEC ID nui | | |
| | | | FEC ID nu | | |
| 3. | | | FEC ID nui | | |
| | | | | | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| (h). Joint Fundraisin | 3 | | |
|---|---|----------------------------|------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| = | Organization, Affiliated Committee, Joint Fundra | | |
| | | | |
| Mailing Address | 3 PennPlz E | | |
| | PP-11G | | |
| | Newark | NJ | 07105 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee Joint y by name, address (phone number – optional) | Fundraising Representa | Leadership PAC Sp |
| | | Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identify | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify | y by name, address (phone number – optional) | Fundraising Representation | Leadership PAC Spanish |
| esignated Agent: Identify Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail arms of Bank, | y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which telepositories. | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name | y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which telepositories. | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. | y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which telepositories. | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| 1 | | | | | | |
|---|----------------------|--------------------------|---------------|---|-------------|--------------------|
| 2. | | | FEC | ID number | C | |
| | | | FEC | ID number | С | |
| 3. | | | FEC | ID number | С | |
| 4. | | | FEC | ID number | С | |
| ame of Any Connected | _ | | Fundraising F | Representativ | e, or Lead | ership PAC Spon |
| Blue Cross Blue S | Shield of Michiga | an Pac | | | | |
| <u> </u> | | | | | | |
| | 232 S. Capitol | | | | | |
| Mailing Address | MC L10A | | | | | |
| | | | | • | 4000 | 0 |
| | Lansing | | | MI | 4893 | |
| Relationship: | | CITY ▲ | | STATE ▲ | | ZIP CODE ▲ |
| esignated Agent: Identify | , by name, address (| (nhone number – ontion | nal) | | | |
| Full Name | by hame, address (| priorie namber option | iai) | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| TITLE OR POSITION | ▼ | CITY A | | STATE ▲ | | ZIP CODE ▲ |
| | | | Telephone | Number | | |
| | | | | | | |
| | | r other depositories in | wnich the com | imittee deposi | is tunas, n | olds accounts, ren |
| | | r other depositories in | wnich the com | imittee deposi | is tunas, n | olds accounts, ren |
| afety deposit boxes or ma | | or other depositories in | which the com | mittee deposi | ts tunas, n | olds accounts, ren |
| afety deposit boxes or ma | | or other depositories in | which the com | mittee deposi | is funds, n | olds accounts, ren |
| anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc. Mailing Address | | or other depositories in | which the com | mittee deposi | is runas, n | olds accounts, ren |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi | ng raiticipant. | | |
|--|--|-------------------------|------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| | d Organization, Affiliated Committee, Joint Fundi | | |
| Guideweii Mutua | I Holding Corporation Political Action | Committee (Guid | dewell PAC) |
| | | | |
| Mailing Address | 4800 Deerwood Campus Parkway | | |
| Mailing Address | DC3-4 | | |
| | Jacksonville | | , 32236 |
| Deletieneleie | | | |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee Joint by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC S |
| | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | fy by name, address (phone number – optional) | t Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisi | | FEC ID number | C |
|---|---|------------------------|---------------------------|
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | Organization, Affiliated Committee, Joint Fundr Blue Shield of Kansas, Inc. Employee | | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | 1133 SW Topeka Blvd. | | |
| | Cc:855 - B3 | | |
| | Topeka | KS | 66629 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| П | | | |
| | Affiliated Committee Joint by by name, address (phone number – optional) | Fundraising Representa | ative Leadership PAC S |
| | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identif | fy by name, address (phone number – optional) | | |
| esignated Agent: Identif | fy by name, address (phone number – optional) | | |
| esignated Agent: Identii Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m | fy by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | fy by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi | ng Participant: | | |
|--|--|-------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | Organization, Affiliated Committee, Joint Fund | | e, or Leadership PAC Spon |
| Healthy Governm | nent Committee-the Political Action C | mte/Blue Cross | |
| | | | |
| | D 104 D 1040 | | |
| Mailing Address | Post Office Box 13466 | | |
| | | | |
| | Phoenix | AZ | 85002 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| П | | . = | |
| | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | ed Organization Affiliated Committee Join fy by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | t Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | STATE A | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail to boxes or mail to boxes or mail to boxes. | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| | ng Participant: | | |
|--|--|---------------------------|------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| • | Organization, Affiliated Committee, Joint Fund | • . | • |
| CAPITAL BLUEP | AC, THE POLITICAL ACTION COM | IMITTEE OF CAF | PITAL BLUECROSS |
| | | | |
| Mailing Address | PO Box 60710 | | |
| Mailing Address | C/O Linda Melusky | | |
| | | DA. | 17106 |
| | Harrisburg | PA PA | 17106 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | d Organization X Affiliated Committee Join | nt Fundraising Representa | ative Leadership PAC S |
| seignated Agent: Identif | by name, address (phone number – entional) | | |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| | y by name, address (phone number – optional) | | |
| Full Name | y by name, address (phone number – optional) | | |
| Full Name | y by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | | |
| Full Name | CITY A pries: List all banks or other depositories in which | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name | CITY A pries: List all banks or other depositories in which | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank, | CITY A pries: List all banks or other depositories in which | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or mails are of Bank, | CITY A pries: List all banks or other depositories in which | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc. | CITY A pries: List all banks or other depositories in which | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank, epository, etc. | CITY A pries: List all banks or other depositories in which | STATE ▲ Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| | | | C |
|---|--|---------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| ame of Any Connected C | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spor |
| Blue Cross and Blu | ue Shield of Nebraska Political Action | on Committee (B | LUEPAC) |
| | | | |
| Moiling Addunce | 7261 Mercy Road | | |
| Mailing Address | PO Box 3248 | | |
| | Omaha | ı NE ı | 68180 |
| - | | | |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| esignated Agent: Identify | by name, address (phone number - optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | | |
| Full Name Mailing Address TITLE OR POSITION TO THE PROPERTY OF THE PRO | CITY CITY CITY The search of the depositories in which the depositories in the depositories in which the depositories in the depositories in which the depositories in the dep | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name | CITY CITY CITY The search of the depositories in which the depositories in the depositories in which the depositories in the depositories in which the depositories in the dep | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION TABLE AND ADDRESS TO THE DEPOSITOR TO T | CITY CITY CITY The search of the depositories in which the depositories in the depositories in which the depositories in the depositories in which the depositories in the dep | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositori fety deposit boxes or main tame of Bank, | CITY CITY CITY The search of the depositories in which the depositories in the depositories in which the depositories in the depositories in which the depositories in the dep | STATE ▲ Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring fety deposit boxes or main arme of Bank, epository, etc. | CITY CITY CITY The search of the depositories in which the depositories in the depositories in which the depositories in the depositories in which the depositories in the dep | STATE ▲ Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| n). Joint Fundraising | , | | |
|---|--|--------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3 | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | Organization, Affiliated Committee, Joint Fund | | e, or Leadership PAC Spor |
| Carefirst Bluecross | s Blueshield Associates' Federal Pa | C | |
| | | | |
| Mailing Address | 10455 Mill Run Circle | | |
| | | | |
| | Owings Mill | MD | 21117 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | t Fundraising Representa | ative Leadership PAC S |
| | Organization X Affiliated Committee Joint by name, address (phone number – optional) | t Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify | | t Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify Full Name | | t Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify Full Name | | | Leadership PAC S |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| esignated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) CITY | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai | by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai ame of Bank, epository, etc. | by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai | by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai ame of Bank, epository, etc. | by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many depository, etc. Mailing Address | ries: List all banks or other depositories intains funds. | Telephone Number | s funds, holds accounts, rents |
|--|---|-----------------------------|--------------------------------|
| Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc. | | · | s funds, holds accounts, rents |
| Banks or Other Deposito safety deposit boxes or ma | | · | s funds, holds accounts, rents |
| Banks or Other Deposito | | · | s funds, holds accounts, rents |
| TITLE OR POSITION | | Telephone Number | |
| TITLE OR POSITION | | <u></u> | |
| | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | | |
| | | | |
| Mailing Address | | | |
| Full Name | | , | |
| | by name, address (phone number – op | | Leaueisiiip FAC Spo |
| | d Organization X Affiliated Committee | Joint Fundraising Represent | |
| Relationship: | Kansas City CITY ▲ | MO MO STATE ▲ | 64108 ZIP CODE ▲ |
| | 2301 Main Street | | 64109 |
| Mailing Address | One Pershing Square | | |
| | | | |
| | | | |
| = | Organization, Affiliated Committee, Joi | - · | e, or Leadership PAC Sponse |
| 4. | | FEC ID number | C |
| | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 2 | | | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisi | | | |
|---|--|--------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spon |
| Highmark Health | Pac of Highmark Inc. | | |
| | | | |
| | | | |
| Mailing Address | 1800 Center Street | | |
| | | | |
| | Camp Hill | PA | 17089 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | | | |
| | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | Affiliated Committee Join Join by by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC Sp |
| | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identing Full Name | fy by name, address (phone number – optional) | st Fundraising Represent | |
| esignated Agent: Identi | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identing Full Name Mailing Address | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisi | ng Participant: | | |
|--|---|--------------------------|------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | d Organization, Affiliated Committee, Joint Fund | | |
| Blue Cross and E | Blue Shield of North Carolina Employ | ee Political Action | n Committee |
| | | | |
| | PO Box 2291 | | |
| Mailing Address | | | |
| | | | |
| | Durham | NC NC | 27702 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | nt Fundraising Represent | Leadership PAC S |
| | Affiliated Committee Joi Joi ify by name, address (phone number – optional) | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Identi | | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Identi | | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Identi | | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Identi | ify by name, address (phone number – optional) | nt Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | ify by name, address (phone number – optional) | | |
| Full Name Mailing Address | ify by name, address (phone number – optional) CITY | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank, | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank, | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc. | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisin g | ı | EEO ID | С |
|---|---|----------------------------|---------------------------|
| 1. | | FEC ID number | |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundra | aising Representative | e. or Leadership PAC Spor |
| = | fornia Political Action Committee | | |
| 1 | | | |
| | | | |
| Mailing Address | 50 Beale Street | | |
| | 17-C356 | | |
| | San Francisco | CA | 94105 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| Connected | Organization X Affiliated Committee Joint | Fundraising Representa | ative Leadership PAC S |
| | Organization Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Representa | ative Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify Full Name | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION | by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which to | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposite boxes or maintenance of the control of | by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which to | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which to | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which to | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or mail ame of Bank, epository, etc. | by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which to | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc. | by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which the | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisin | | FEC ID number | |
|---|---|------------------------------|---------------------------|
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| 4. | | | |
| | Organization, Affiliated Committee, Joint Funda | raising Representative | e, or Leadership PAC Spon |
| Wellmark, Inc. Pa | ıc (WELLPAC) | | |
| | | | |
| Mailing Address | 1331 Grand Avenue | | |
| maining /taa.ooo | Sta. 5W570 | | |
| | Des Moines | IA I | 50309 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | | t Fundraising Representa | ative Leadership PAC S |
| Connected esignated Agent: Identify | | t Fundraising Representa | ative Leadership PAC S |
| Connected | d Organization X Affiliated Committee Joint | t Fundraising Representa | Leadership PAC S |
| Connected esignated Agent: Identify Full Name | d Organization X Affiliated Committee Joint | t Fundraising Representa | Leadership PAC S |
| Connected esignated Agent: Identify Full Name | d Organization X Affiliated Committee Joint | t Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name Mailing Address | Affiliated Committee Joint by by name, address (phone number – optional) | t Fundraising Representation | Leadership PAC S |
| Connected esignated Agent: Identify Full Name | Affiliated Committee Joint by by name, address (phone number – optional) CITY | | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail | Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma | Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. | Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundrais i | ng Participant: | | |
|--|---|--------------------------|------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | d Organization, Affiliated Committee, Joint Fund | | |
| Blue Cross Blue | Shield of South Carolina Federal Gov | vernment Progra | ms |
| | | | |
| | Interstate 20 at Alpine Road | | |
| Mailing Address | | | |
| | | | |
| | Columbia | SC | 29219 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connect | ed Organization X Affiliated Committee Join | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Ident | ed Organization Affiliated Committee Join Join ify by name, address (phone number – optional) | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Ident | | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Ident | | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Ident | | nt Fundraising Represent | Leadership PAC S |
| esignated Agent: Ident | ify by name, address (phone number – optional) | | |
| esignated Agent: Ident | ify by name, address (phone number – optional) | STATE A | |
| esignated Agent: Ident Full Name Mailing Address | ify by name, address (phone number – optional) Line (phone number – optional) CITY ▲ | | |
| Full Name Mailing Address | ify by name, address (phone number – optional) CITY T | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or necessity. | ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, | ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank, | ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc. | ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank, epository, etc. | ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| n). Joint Fundraisi r | ng Participant: | | |
|---|--|---------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| 4. | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spor |
| Premera Blue Cro | oss Politicial Action Committee/Pren | nera Pac | |
| | | | |
| | | | |
| Mailing Address | 7001 220th Street SW | | |
| | MS 355 | | |
| | Mountlake Terrace | WA I | 98043 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | | |
| Connecte | | nt Fundraising Representa | ative Leadership PAC S |
| Connecte | d Organization X Affiliated Committee Joi | nt Fundraising Representa | Leadership PAC S |
| Connecte | d Organization X Affiliated Committee Joi | nt Fundraising Representa | Leadership PAC S |
| Connecte esignated Agent: Identif | d Organization X Affiliated Committee Joi | nt Fundraising Representa | Leadership PAC S |
| Connecte esignated Agent: Identif | d Organization X Affiliated Committee Joi | | Leadership PAC S |
| Connecte esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) | | |
| Connecte esignated Agent: Identif | y by name, address (phone number – optional) CITY | | |
| Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or m | Affiliated Committee Joi y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, | Affiliated Committee Joi y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | Affiliated Committee Joi y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc. | Affiliated Committee Joi y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| (h). Joint Fundraisi | ng Participant: | | |
|---|--|---------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| | d Organization, Affiliated Committee, Joint Fun | draising Representativ | e, or Leadership PAC Spon |
| Independence B | lue Cross Pac (IBC PAC) | | |
| | | | |
| | 1901 Market Street | | |
| Mailing Address | 1901 Market Street | | |
| | | | |
| | Philadelphia | PA PA | 19103 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | ed Organization X Affiliated Committee Jo | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | ed Organization X Affiliated Committee Joint Joi | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | ify by name, address (phone number – optional) | | |
| esignated Agent: Identi | ify by name, address (phone number – optional) | int Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | ify by name, address (phone number – optional) | | |
| esignated Agent: Identi Full Name Mailing Address | ify by name, address (phone number – optional) | STATE A | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or markets. | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc. | ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 1. | | FEC ID number | C |
|--|---|----------------------------|---------------------------|
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| 7. | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundr | raising Representative | e, or Leadership PAC Spon |
| Blue Cross Blue S | Shield of Alabama Pac | | |
| I | | | |
| | | | |
| Mailing Address | 2 North Jackson Street | | |
| | Suite 202 | | |
| | Montgomery | AL L | 36104 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Fundraising Representa | ative Leadership PAC S |
| | Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Representa | ative Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identify | by name, address (phone number – optional) CITY | | |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name | by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |